

Supported Employment

Definition: Supported Employment services consist of paid employment for persons for whom employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment services are provided in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities to sustain paid work including training and supervision. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by the recipient as a result of their disabilities, and will not include payment for those supervisory activities rendered as a normal part of the business setting. **Supported employment services can be funded by the waiver only when the services are not otherwise available under a program funded under the Rehabilitation Act of 1973, or P. L. 94-142. Documentation of this must be maintained in the working file.**

In Table 1 you will find a breakdown of the major activities that are provided through Supported Employment and the corresponding number of units to achieve that particular activity. The number of units shown in the table reflects the number of units necessary to accomplish the activities for an **average** Supported Employment placement. When determining the number of units of Supported Employment services needed for an individual take into account the level of need and care for that individual. The table is only a guide for an average placement and is used as a basis for determining actual number of units needed.

Table 1 - Units Based on an Average Placement

ACTIVITY	UNITS	TOTAL UNITS
45 Day Referral Process	15	
Skills Acquisition/ Placement	40	
Job Training to Stabilization (60 Days)	75	
6 Months Follow Along	12	
TOTAL UNITS		142

Forty Five (45) Day Referral Process

The forty-five (45) day referral process begins upon receipt of a Supported Employment Authorization for Services (MR/RD Form A-11) form from the Service Coordinator. Upon receipt of the authorization, the Supported Employment staff dates the form the day it is received and begins the referral process. As of that date, the customer is reported as active, receiving Supported Employment services. The following diagram is an outline of the Forty-five Day Referral Process.

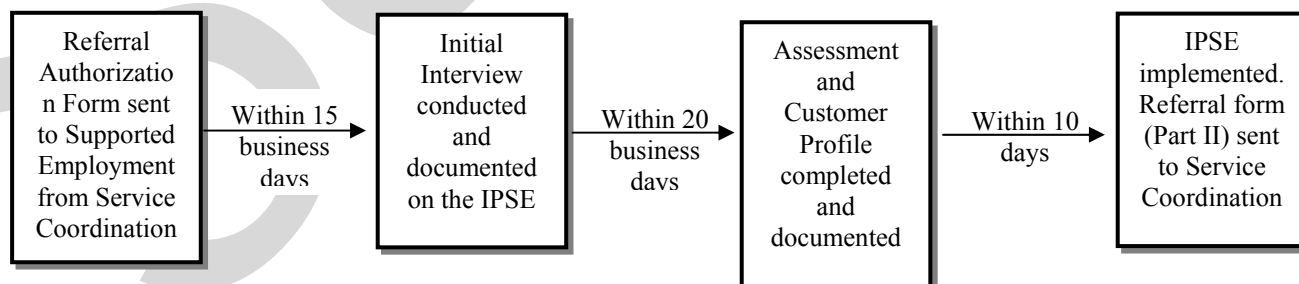


Table 2 - 45 Day Referral Process (based on an average placement)

ACTIVITY	UNITS	TOTAL UNITS
Initial Interview	3	
Assessment for Day Services (ADS)	6	
Customer Profile	6	
TOTAL UNITS		15

Skills Acquisition/Placement: At the conclusion of the 45 Day Referral Process if the customer has not been placed in employment, it is mandatory to provide the necessary skills and experiences needed for the customer to make an informed career choice. This activity entails community based instruction, situational assessments in a natural setting, career awareness, and employment skills acquisition.

Job Training to Stabilization: This component of Supported Employment consists of on-the-job training, identification and placement of long term supports. The Instructional Strategy Plan is used to assist the employment specialist in providing appropriate and accurate training. The Instructional Plan is placement specific and will be developed with the customer to identify needed skills acquisition, activities and supports for a successful placement for the customer. Intervention activities will include those skills necessary to maintain the placement and supported by the employment specialist. These are specific training activities with identified outcomes.

6 Months Follow Along: Contact with the customer and/or the employer must be maintained for at least six (6) months after the customer has gained independence and is working on his own with natural supports. This follow along process is to document the status of the customer's independence in this placement and to evaluate the necessity of additional supports. It is imperative that the long term supports that have been put into place are working and the consumer is stable in this position. At the conclusion of the six month contact period the employment specialist and the consumer will make recommendations concerning needed and wanted long term supports and evaluate the necessity of the continuation of Supported Employment services.

Providers: Supported Employment services are provided by staff who are approved/enrolled to provide Supported Employment services.

Arranging for the Service: For those who are eligible to receive Supported Employment services provided by the DSN Board or local provider, their Plan must clearly reflect the need for the service. Once the need is established, SC Vocational Rehabilitation must be contacted to determine if this service is available through a program funded by SCVR. **The Request for Determination of Availability of Service (MR/RD Form VR)** should be used to request this determination. When sending this request to SCVR, you must include a copy of the most current psychological evaluation along with a signed release of information form. **Until the evaluation is completed by SCVR supported employment services cannot be authorized through the MR/RD Waiver**

If a determination is received from South Carolina Vocational Rehabilitation stating that the individual does qualify for services provided by South Carolina Vocational Rehabilitation then the recipient and the Service Coordinator would need to contact South Carolina Vocational Rehabilitation to arrange for services. This service **would not and cannot** be funded through the MR/RD Waiver, but should still be reflected in the individual's plan.

Once the SCVR Determination is received (this documentation should never be removed/purged from the working file), if services are not otherwise available, waiver funding can be authorized. The recipient should be given a choice of providers of this service and the offering of choice must be documented. The recipient and/or his/her legal guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the recipient and/or his/her legal guardian and documented.

The recipient's plan should reflect the training or supervision needed to sustain employment and the frequency. For Supported Employment services, one unit equals one hour of service. Prior to adding Supported Employment Services to the Waiver Tracking System, you must first ensure the service is added on the STS. If Supported Employment Services are not already on the STS, you cannot add it to the Waiver Tracking System.

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the services to the Waiver Tracking System. To budget the number of units for Supported Employment services refer to Table 1 for Assessment information and Table 2 for skill acquisition/placement, job training, stabilization and 6 months follow along.

Once the request is approved, Supported Employment Services can be authorized using the **Authorization for Services (MR/RD Form A-11)** for providers who are not enrolled with SCDHHS. For these providers, services will be billed directly to the DSN Board for payment. If the provider is enrolled with SCDHHS and wishes to bill Medicaid directly, then services can be authorized using the **Authorization for Service (MR/RD Form A-29)**. In addition, regardless of the billing parameters, the **Supported Employment Referral Authorization Form (MR/RD-SE Referral Form 2)** must accompany the **Authorization for Services (MR/RD Form A-11 or A-29)**.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Supported Employment Assessments and Services.

Supported Employment Assessment

- Within two weeks of completion

Monitorship of this service should occur with the individual/family and the service provider.

Supported Employment Services

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or job site location

Monitorship of this service may occur during contact with the individual/family and/or the provider of services. Some items to consider during monitorship include:

- Where does the individual work?
- What type of work is the individual doing?
- What are their work hours?
- Do they want more hours or less?
- What is the Job Coach doing (specifically) for this individual?
- Is the Job Coach effective with assistance and training?
- How often does the individual see the Job Coach?
- Do they like where they work or do they wish to make a change?
- What are their job responsibilities? Are they too much for the individual? Do they want more responsibilities?
- How are they doing on the job? Are they accomplishing their job duties? Is the employer pleased with their work performance?
- How much income do they generate?
- Is transportation a problem?
- Are they on time to work?
- Is the individual satisfied with his/her current employment? Has his/her employment status changed since your last contact?
- Does the individual feel that he/she is receiving the amount of support needed at the worksite?
- Is the amount of services being received reviewed and changed, as the individual's needs change?
- Is the individual satisfied with the provider of services? Does the individual feel that the provider shows them courtesy and respect when delivering the service?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Medicaid # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Supported Employment Services

Assessment of Need for Services:

☐ Assessment _____ (number of units)

Authorization for Implementation of Services:

Number of Units Per Year: _____

(one unit = 1 hour of service)

Service Coordinator: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

TO: _____

RE: _____
 Recipient's Name / **Date of Birth**

_____ **Address**

Medicaid # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # / / / / / / / / /

Supported Employment Services

Assessment of Need for Services:

☐ Assessment _____ (number of units)

Authorization for Implementation of Services:

Number of Units Per Year: _____

(one unit = 1 hour of service)

Service Coordinator: Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

South Carolina Department of Disabilities and Special Needs
MR/RD Waiver
Request for Determination of Availability of Service

Name _____

Address _____

Date of Birth _____

SS# | | | | | | | | | |

The above referenced person needs:

☐ prevocational services are aimed at preparing an individual for paid or unpaid employment, but are not job task oriented and are not directed at teaching job specific skills. Activities included in this service are directed at teaching habilitative goals such as attention span or motor skills. Services include teaching concepts such as compliance, attendance, endurance, task completion, problem solving and safety.

OR

☐ supported employment services consist of paid employment for persons for whom employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment services are provided in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities to sustain paid work including training and supervision.

as defined by South Carolina's Mental Retardation/Related Disabilities Waiver (MR/RD Waiver). As stated in the MR/RD Waiver, this service can be funded by the MR/RD Waiver if the service is not "otherwise available under a program funded under the Rehabilitation Act of 1973 or P. L. 94-142".

Please determine if these services are available under a program noted above and send a statement of this determination the Service Coordinator noted below. A copy of the consumer's most recent psychological evaluation is attached along with a signed release of information.

Service Coordinator: _____

Board/Provider: _____

Address: _____

Phone Number: _____

****This form must remain in the working file at all times.****

A copy of the most current psychological evaluation and a signed release of information form must be included.

**SUPPORTED EMPLOYMENT
REFERRAL AUTHORIZATION**

SECTION I

TO BE FILLED OUT BY SERVICE COORDINATION

Date of Authorization: _____

The following Supported Employment Provider has been requested by the customer:

Provider Name: _____ Phone: _____

Provider Address: _____

WAIVER: ☐ YES ☐ NO

Waiver Customers Only:

Waiver Authorization Form (MR/RD Form A-11 or A-29) sent to Supported Employment: Date: _____

Number of Units Authorized: [One (1) Unit = One (1) Hour of Service] Assessment: _____ Services: _____

Services will not be implemented until MR/RD Waiver Authorization for Services form is received by Supported Employment.

Customer's Name: _____ Phone: _____

Address: _____

Social Security #: _____ Medicaid #: _____

Service Coordinator (Please Print): _____ Signature: _____

Address and Phone Number: _____

SECTION II

TO BE FILLED OUT BY SUPPORTED EMPLOYMENT

(Section II is to be filled out by Supported Employment personnel and returned to Service Coordination upon completion of the 45 day referral process)

*Date Referral Received by Supported Employment: _____

☐ Supported Employment Services will be provided

Comments: _____

☐ MR/RD Waiver Authorization Form received for waiver customer: Date: _____
Services will not be implemented until MR/RD Waiver Authorization for Services form is received from Service Coordination.

☐ Supported Employment Services will not be provided

Justification: _____

☐ Recommend referral to other services

Recommendation and Explanation: _____

☐ Awaiting Service

Justification: _____

Employment Specialist Signature

Date